

# **APPLICATION FOR NURSING HOME ADMINISTRATOR DESIGNEE**

## **INSTRUCTIONS**

The following application consists of an instruction page and four pages which require responses. Please complete the entire application by providing all of the requested information. Your signature, and the signature of the licensed administrator providing consultation, must be notarized. Submit the completed form to the address noted below. The Board will consider only those applications that are properly completed.

Please read all questions carefully. Several questions, if answered Yes, require additional documentation. You are required to contact the source of the required documentation and request that said documentation be submitted directly to the Board office at the address below. If the source will not provide the documentation, or the documentation is otherwise unobtainable, you must submit a written explanation and any documents in your possession that would assist the Board in reviewing your application. All requested information must be provided. Failure to provide a complete application will result in its return to you.

You must provide evidence satisfactory to the board of each of the following:

1. Good moral character, including the reference of 3 persons other than relatives, and you must certify that you have not been found guilty or convicted of a felony;
2. Being at least 21 years of age;
3. Having a bachelors degree from an approved college or university or 2 years of satisfactory practical experience in nursing home or health care facility for each year of the required post high school education.
4. An agreement with a currently licensed nursing home administrator to provide consultation to you during the entire period of your service as a designee.

APPLICATION FEE

\$100.00

Questions regarding this application or the requirements for licensure may be addressed to:

### **BUREAU OF OCCUPATIONAL LICENSES**

**1109 Main Street, Suite 220**

**Boise, Idaho 83702-5642**

**E-mail - [nha@ibol.idaho.gov](mailto:nha@ibol.idaho.gov)**

**Web site – [www.ibol.idaho.gov/nha.htm](http://www.ibol.idaho.gov/nha.htm)**

**IDAHO STATE BOARD OF EXAMINERS OF NURSING HOME ADMINISTRATORS**  
**BUREAU OF OCCUPATIONAL LICENSES**  
**1109 Main Street, Suite 220**  
**Boise, Idaho 83702-5642**

**APPLICATION FOR NURSING HOME ADMINISTRATOR DESIGNEE**

(see instructions)

I hereby submit my qualifications for registration to practice as a Nursing Home Administrator Designee in the State of Idaho for a period not to exceed 8 weeks under the provisions of Title 54, Chapter 16, Idaho Code as amended.

1. **Full Name (Mr., Mrs., or Ms.)** \_\_\_\_\_
2. **Mailing Address** \_\_\_\_\_  
Street/PO Box City State Zip
3. **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Place of Birth** \_\_\_\_\_ **Social Security No.** \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year  
(Attach a certified copy of your birth certificate.)
4. **Daytime phone** (\_\_\_\_) \_\_\_\_\_ **Fax** (\_\_\_\_) \_\_\_\_\_ **E-mail** \_\_\_\_\_
5. **Name of Facility** \_\_\_\_\_
6. **Location Address** \_\_\_\_\_  
Street City State Zip
7. **Have you attained a Baccalaureate degree?** [ ]Yes [ ]No  
(If Yes, official university/college transcripts must be received by this office directly from the school registrar.)
8. **Do you have practical administrative experience in a health care facility?** [ ]Yes [ ]No  
(If Yes, please list that experience on the Addendum.)
9. **Have you ever taken the NAB examination for Nursing Home Administrators?** [ ]Yes [ ]No  
(If Yes, official documentation must be received directly from said entity by this office.)
10. **Are you currently or have you ever been licensed to practice in any state, country, etc.?** [ ]Yes [ ]No  
(If Yes, certified documentation must be received directly from each issuing authority by this office.)
11. **Have you ever had any license, or registration revoked, suspended or otherwise sanctioned?** [ ]Yes [ ]No  
(If yes, a copy of the charges and the final order must be received by the Board before your application will be processed.)
12. **Have you ever been convicted of any felony or of any offense involving moral turpitude?** [ ]Yes [ ]No  
(If Yes, a detailed statement, a summary of the charges, the final order, any probation or parole documentation, and any other relevant information must be received before your application will be processed.)

**Complete and attach the entire APPLICATION ADDENDUM.**

**AFFIDAVIT**

I hereby certify that the responses provided above and those attached to this application are true and accurate to the best of my knowledge and belief. I further certify that I am of good moral character and that I have reviewed and will comply with all Idaho Laws and Rules, governing the practice of Nursing Home Administration.

I hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Bureau of Occupational Licenses or its authorized representative, any information, communication, report, record, statement, recommendation, or disclosure that may have bearing on my eligibility for or maintenance of the license for which I am applying. I understand that by signing this form I am authorizing the release of information about me that may otherwise be protected or confidential.

\_\_\_\_\_  
Signature of applicant

State of \_\_\_\_\_, County of \_\_\_\_\_, ss.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

(seal)

\_\_\_\_\_  
Notary Public official signature  
my commission expires \_\_\_\_\_

## APPLICATION ADDENDUM

**A. CHARACTER REFERENCES:** Please attach the names and current addresses of **THREE (3)** persons willing to provide reference regarding your character. (This office will send the required forms to the persons you list. We must receive a letter of reference from each person listed before your application will be processed.)

_____	_____	_____
name	name	name
_____	_____	_____
title	title	title
_____	_____	_____
current address	current address	current address
_____	_____	_____
city, state, zip	city, state, zip	city, state, zip

**B. RELATED WORK EXPERIENCE:** List your work experience including employers names, addresses, phone numbers and dates of experience.

NAME OF BUSINESS \_\_\_\_\_

ADDRESS OF BUSINESS \_\_\_\_\_

EMPLOYERS NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_

DATES OF EXPERIENCE FROM: \_\_\_\_\_ TO: \_\_\_\_\_

NARRATIVE OUTLINING SCOPE OF DUTIES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME OF BUSINESS \_\_\_\_\_

ADDRESS OF BUSINESS \_\_\_\_\_

EMPLOYERS NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_

DATES OF EXPERIENCE FROM: \_\_\_\_\_ TO: \_\_\_\_\_

NARRATIVE OUTLINING SCOPE OF DUTIES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME OF BUSINESS \_\_\_\_\_

ADDRESS OF BUSINESS \_\_\_\_\_

EMPLOYERS NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_

DATES OF EXPERIENCE FROM: \_\_\_\_\_ TO: \_\_\_\_\_

NARRATIVE OUTLINING SCOPE OF DUTIES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(If more space is needed, attach a separate sheet of paper)

(continued)

# APPLICATION ADDENDUM

(continued)

C. **PHOTOGRAPH:** Please attach an original passport style photograph of yourself below.

ATTACH PHOTOGRAPH HERE

HEIGHT \_\_\_\_\_

WEIGHT \_\_\_\_\_

EYE COLOR \_\_\_\_\_

HAIR COLOR \_\_\_\_\_

OTHER DISTINGUISHING FEATURES

\_\_\_\_\_  
\_\_\_\_\_

## AUTHORIZATION

I hereby certify that I maintain a current Nursing Home Administrator license and have agreed to act as a consultant to assist the applicant named on this application in the administration of the named facility. I understand that the named applicant will be serving as an Administrator Designee and is not licensed as a Nursing Home Administrator in Idaho. I further certify that I have reviewed and will comply with all Idaho Laws and Rules, governing the practice of Nursing Home Administration.

\_\_\_\_\_  
Print Name of Consultant

\_\_\_\_\_  
License number

\_\_\_\_\_  
Current Place of Business

Daytime phone \_(\_\_\_\_)\_\_\_\_\_ Fax \_(\_\_\_\_)\_\_\_\_\_ E-mail \_\_\_\_\_

\_\_\_\_\_  
Signature of Consultant

State of \_\_\_\_\_, County of \_\_\_\_\_, ss.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

(seal)

\_\_\_\_\_  
Notary Public official signature

residing at \_\_\_\_\_

my commission expires \_\_\_\_\_